Effective October 1, 2003  LO 79.58 8 4												
		SM		NTITY	OR		R THAN ENTITY					
T	OTAL CLAIMS	3	2.5					RATE	FEE	] .	RATE	FEE
FC	OR .		NUMBER FILED		NUME	NUMBER EXTRA		SIC FE	E 385.00	OR	BASIC FEI	770.00
TC	TAL CHARGE	ABLE CLAIMS	minus 20= *		.•	5	· ×	\$ 9=	81.	OR	XS18=	
INDEPENDENT CLAIMS			7 minus 3 = " -			_	\ \ \ \	(43=	1	OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT								145=	1:	OR		
* If the difference in column 1 is less than zero, enter "0" in column 2								OTAL	4106	OR	<u> </u>	
CLAIMS AS AMENDED - PART II									1,100	<b>_</b>	OTHER	THAN
(Column 1) (Column 2) (Column 3)							SI	ALL	ENTITY	OR	SMALL	
AMENDMENT A	8Mai DA	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	R	RATE	ADDI- TIONAD FEE		RATE	ADDI- TIONAL FEE
MON	Total	. 29	Minus	- 29	<del>)</del>	= D	×	\$ 9=		OR	X\$18=	
AME	Independent	ndependent - 2 Minus FIRST PRESENTATION OF MULTIPLE D		3		= 4	×	43= .	И	OR	X86=	
	FIRST PRESERVATION OF MIDELIFLE DEFENDENT CLAIM						+1	45=(		OR	+290=	
								TOTAL T. FEE	7	OR	TOTAL ADDIT, FEE	1
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	EP USLY	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ğ	Total	•	Minus	**		s. ·	XS	9=	. ,	OR	X\$18=	
AME	Independent	ATATION OF MI	Minus	SAIDEAUT (	Ct A134	-	X	3=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								45 <b>=</b>		OR	+290=	
							ADDI	OTAL		OR	TOTAL	
(Column 1) (Column 2) (Column 3)									• . • .			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMBI PREVIOL PAID F	ER . JSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	. X\$	9=		OR	. X\$18=	
	Independent	•	Minus	***		=	X4	3=	,		X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									•	OR		
• 14	the entry in color	nn 1 je loce than the	, g gatar in col	ma 2 wein *	n" in ant-	· .	+14	5= OTAL	· .	OR	+290=	
11	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL UDIT, FEE	
∵ †	he "Highest Num	ber Previously Paid	For (Total or	Independen	t) is the l	nighest number	found in 1	he app	ropriate box	in colu	mn i.	. :

Application or Docket Number